



Administrative Case Number: _____

BLOOMFIELD POLICE DEPARTMENT

785 Park Avenue, Bloomfield, Connecticut 06002-2444

Voice: 860-242-5501

www.bloomfieldct.gov

Fax: 860-242-9316

Email: bpdcontact@pd.bloomfieldct.gov

UNIFORM CITIZEN COMPLAINT REPORT

The Bloomfield Police Department will accept, document, review, and investigate all instances of alleged misconduct or violations of policy, and will fairly determine the validity of the allegations and take appropriate action as warranted.

As a concerned citizen, you are encouraged to speak with a supervisor to file a complaint, but are not obligated to do so. Anonymous complaints will be accepted for investigation. It is important to know, however, that anonymous complaints significantly detract from the Department's ability to investigate the actions of its employees and may result in a finding that fails to prove or disprove the allegations set forth. Additionally, there are certain circumstances where, absent a signed and sworn statement from a person alleging the misconduct, the Department may be unable to take appropriate action, even if it is found that the alleged act did occur as reported.

Disputes over the validity of a traffic infraction or a criminal citation are outside the scope of a complaint and should be appealed to the appropriate judicial venue noted on the Infraction or Criminal notice issued.

Complainant: Please provide the information requested below, giving a full description of the circumstances that prompted your complaint. Please give this completed form to a police supervisor, or mail it to: Chief of Police, Bloomfield Police Department, 785 Park Avenue, Bloomfield, CT 06002-2444, or email it to: bpdcontact@pd.bloomfieldct.gov.

Date of Incident	Time of Incident	Date Reported	Time Reported
Location of Incident			
Complainant's Name		Complainant's Address (Street, City, State, ZIP)	
Complainant's DOB	Complainant's Home Phone#	Complainant's Work Phone#	
Complainant's Cell Phone#		Complainant's E-mail	
Employer		Occupation	
Employer's Address			Employer's Telephone
Name of Person Assisting Complainant	Address		Telephone
Employee Complained about (if known): (Name or physical description, Badge #, Car #, Case Number, etc.)			
Witness Information (Name, D.O.B., Address, Telephone #, etc.)			

Please answer the following questions:	Yes	No	Unsure
1. To your knowledge, was all or any part of the incident you complained of recorded by anyone on audio or video?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you afraid for your safety, or of that of another person, as a result of making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to read, write and speak the English Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If your answer to Question #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(If you answered "Yes" to questions 1, 2 or 3 or "NO" to questions 4 and 5, please provide the details in the narrative below.)</i>			

Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate; including letters, e-mails, photographs, or video/audio tapes, etc.

I have read, or had read to me, the above and attached complaint and statement consisting of ____ pages. All of the answers are true and accurate to my knowledge. I understand that making a false statement intended to mislead a law enforcement officer in his official function is a violation of Connecticut General Statute 53a-157b and could result in my arrest and being fined and/or imprisoned.

Complainant's Signature	Date and Time Signed
On this the ____ day of _____, _____, before me the undersigned officer, personally appeared the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.	Notary (For authority see C.G.S. §§1-24, 3-94a et seq.) _____ Signature _____ Print Rank/Name/ID Number

Person Receiving the Complaint

Rank/Name/ID Number	Date Complaint Received	Time Complaint Received
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Method of Contact (Check): Telephone ☐ In-Person ☐ Mail ☐ E-Mail ☐ Other ☐

Signature of person receiving complaint	Administrative Case Number
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Complainant's Understanding of BPD Action Regarding This Complaint – BPD Case No. _____

After discussing this complaint with _____ :

_____ I understand that my complaint will be assigned to an appropriate officer for a full investigation of the incident. I will be advised of the findings and expected actions the Agency will take (if warranted) when the investigation is complete.

_____ I have a more complete understanding of the situation that prompted my complaint and now wish to withdraw the complaint without prejudice.

_____ I would like to make the following additional statement/recommendations for the record:

Continue below or on additional pages if more space is needed.

Person Making Statement:

Date:

L.S. _____

Supervisor Accepting Statement:

Date Received:

L.S. _____ ID _____
